

In re: Application of: Voorberg, et al.

Serial No.: 09/674,752

Confirmation No.: 5298

Filed: December 29, 2000

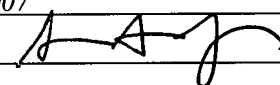
For: METHOD FOR DIAGNOSIS AND
TREATMENT OF HAEMOPHILIA A
PATIENTS WITH AN INHIBITOR

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Attorney Docket No. 294-86 PCT/US/RCEII

I hereby certify this correspondence is being deposited
with the United States Postal Service as first class mail,
postpaid in an envelope, addressed to:
Commissioner for Patents, P.O. Box 1450
Alexandria, Virginia 22313-1450

on July 9, 2007

Signature: 

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☒ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	13	MINUS	60	= 0
INDEP.	4	MINUS	8	= 0

SMALL ENTITY

RATE	ADDL. FEE
x 25=	\$
x 100=	\$
x 180=	\$
TOTAL	\$

OR

OTHER THAN A
SMALL ENTITY

RATE	ADDL. FEE
x 50=	\$
x 200=	\$
x 360=	\$
TOTAL	\$

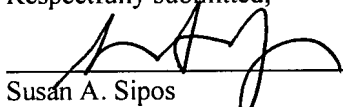
☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.
- *** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 08-2461 in the amount of \$_____. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$_____ is attached.
- ☒ The Commissioner is hereby authorized to charge any fees or additional fees associated with this communication or credit any overpayment to Deposit Account No. 08-2461. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.

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Respectfully submitted,


Susan A. Sipos
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